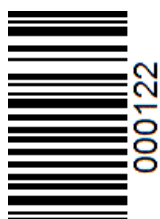


# TRANSFER INTO IRISH LIFE COMPANY PENSION SCHEME



Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at <https://www.irishlife.ie> or you can ask us for a copy.

Please read the Sections carefully before completing them and use BLOCK CAPITALS.

If any section is blank or illegible, this may result in a delay in processing your request.

This form must be completed for transfers into an existing Irish Life company pension scheme

## 1. Financial Adviser Details

Financial Adviser Name

Financial Adviser Code

Profile Number

## 2. Source of Transfer

Where is the transfer value coming from?

- a. A company pension scheme, including AVC scheme or self-administered scheme ☐
- b. A Personal Retirement Bond (PRB) or Buy Out Bond (BOB) ☐
- c. A Personal Retirement Savings Account (PRSA) ☐
- d. A pension arrangement outside the State ☐

## 3. Receiving Scheme and Member Details

a. **Existing Irish Life Company Pension Plan Number:**

b. Name of existing pension scheme:

c. Member Name

d. Date of Birth: (dd/mm/yyyy)

e. Current Schedule E Salary €

f. Current value of other company pension and AVC schemes for this employment €

g. Current employer and employee contributions to any other company pension scheme for this employment  
€  a year

### Pensions from other employments

h. Current value of other pensions from other periods of employment and / or self-employment €

If you need more space or if the member has retirement benefits they have already received or a defined benefit scheme please provide details in the text box below or on a separate sheet.

If the transfer value is from an overseas pension please contact Irish Life for specific requirements. Irish Life cannot accept transfers from the UK or from pension schemes which have UK tax-relieved contributions as our pensions are not registered as QROPS with HM Revenue & Customs

Please include a recent payslip or P60 as proof of salary

Questions (e) to (h) are to ensure your company pension benefits are within overall Revenue maximum limits

## 4. Transferring Office / Scheme Details

a. Name of transferring Life Office/trustees:

b. Name of transferring scheme (if applicable)

c. Transfer value amount:  €

d. Contact details:

## 5. Investment choice

Fund choice for transfer amount:

Current Investment Choice:

Yes ☐ No ☐

Or

Other fund (please state)

<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %

## 6. Member Declaration

- I wish to transfer the assets of my occupational pension / Buy Out Bond (or Personal Retirement Bond) / PRSA Plan to my existing Irish Life company pension plan identified in Section 3 above and understand there are additional requirements needed for the transferring life office.
- I understand the investment date of the transfer in will be based on the date on which Irish Life receives all necessary requirements.
- I understand the transfer in can only be invested where the receiving scheme is Revenue approved, or for transfers from an occupational pension / Buy Out Bond (or Personal Retirement Bond) that it meets all Revenue requirements and an application for approval has been submitted to Revenue for consideration.
- I understand that Irish Life Assurance plc (Irish Life) is required to obtain any information it regards as relevant from the trustees or company, named above, in order to facilitate the transfer. I authorise the trustees or company to give Irish Life any relevant information required.
- I declare that I have been provided with the necessary information to make an informed investment decision. I am happy with the investment choice made on this application form (or supplied through any additional documents linked to this application).



Please sign and date

Signature of Member:

Date: (dd/mm/yyyy)

## 7. Trustee Declaration on behalf of receiving pension scheme (not required if DTS / ITS are trustees of receiving scheme)

I / we the trustees of the occupational pension scheme as set out in Section 3 above (receiving pension scheme) acknowledge the member's transfer request and confirm the receiving pension scheme can accept the transfer value.



Please sign and date

Signature:

(Trustee authorised to sign on behalf of the scheme receiving the assets)

Name:

(in BLOCK CAPITAL letters)

Date: (dd/mm/yyyy)

